

1.1 A bill for an act

1.2 relating to health; changing information required for filing a complaint with
1.3 a health plan company; amending Minnesota Statutes 2006, section 62Q.69,
1.4 subdivision 2.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. Minnesota Statutes 2006, section 62Q.69, subdivision 2, is amended to read:

1.7 Subd. 2. **Procedures for filing a complaint.** (a) A complainant may submit a
1.8 complaint to a health plan company either by telephone or in writing. If a complaint is
1.9 submitted orally and the resolution of the complaint, as determined by the complainant, is
1.10 partially or wholly adverse to the complainant, or the oral complaint is not resolved to the
1.11 satisfaction of the complainant, by the health plan company within ten days of receiving
1.12 the complaint, the health plan company must inform the complainant that the complaint
1.13 may be submitted in writing. The health plan company must also offer to provide the
1.14 complainant with any assistance needed to submit a written complaint, including an offer
1.15 to complete the complaint form for a complaint that was previously submitted orally and
1.16 promptly mail the completed form to the complainant for the complainant's signature. At
1.17 the complainant's request, the health plan company must provide the assistance requested
1.18 by the complainant. The complaint form must include the following information:

1.19 (1) the telephone number of the ~~Office of Health Care Consumer Assistance,~~
1.20 ~~Advocacy, and Information,~~ and the health plan company member services or other
1.21 departments or persons equipped to advise complainants on complaint resolution;

1.22 (2) the address to which the form must be sent;

1.23 (3) a description of the health plan company's internal complaint procedure and the
1.24 applicable time limits; and

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2.1 (4) the toll-free telephone number of either the commissioner of health or commerce
2.2 and notification that the complainant has the right to submit the complaint at any time to
2.3 the appropriate commissioner for investigation.

2.4 (b) Upon receipt of a written complaint, the health plan company must notify
2.5 the complainant within ten business days that the complaint was received, unless the
2.6 complaint is resolved to the satisfaction of the complainant within the ten business days.

2.7 (c) Each health plan company must provide, in the member handbook, subscriber
2.8 contract, or certification of coverage, a clear and concise description of how to submit a
2.9 complaint and a statement that, upon request, assistance in submitting a written complaint
2.10 is available from the health plan company.